

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006328

**Entity Name:** DANIEL MEASUREMENT SERVICES, INC.

**Current Principal Place of Business:**

11100 BRITTMOORE PARK DR.  
HOUSTON, TX 77041

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC2718152372**

**Current Mailing Address:**

8100 W FLORISSANT AVENUE  
P O BOX 36911  
SAINT LOUIS, MO 63136 US

**FEI Number: 76-0497827**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name STOKES, JON  
Address 12616 INDUSTRIAL BLVD.  
City-State-Zip: ELK RIVER MN 55330

Title ASSISTANT TREASURER  
Name BURNETT, TERESA A  
Address 8100 W. FLORISSANT AVENUE  
City-State-Zip: ST. LOUIS MO 63136

Title DIRECTOR, SECRETARY  
Name PALMER, ROBIN C  
Address 11100 BRITTMOORE PARK DRIVE  
City-State-Zip: HOUSTON TX 77041

Title AS  
Name CHELESNIK, STEVEN A  
Address 12001 TECHNOLOGY DRIVE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title TREASURER  
Name THOMPSON, TRACY  
Address 8000 NORMAN CENTER DR.  
City-State-Zip: BLOOMINGTON MN 55437

Title VP  
Name BROWN, ROBERT L  
Address 11100 BRITTMOORE PARK DRIVE  
City-State-Zip: HOUSTON TX 77041

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TERESA A. BURNETT**

**ASSISTANT TREASURER 04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date